

Name in Full

Certificate of Death

William Alexander

Town

County

6th Dist.

Died at Mor Rising Sun

Cecil

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
1902	8	8	-	3	5	Ind.	-
Male	White	Married	Widow	Divorced	Number of children living 0		
Female	Colored	Single	Widower				

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary Marasmus

Death

Immediate Exhaustion, 105

How long sick

4 days

Accident, Suicide, Homicide

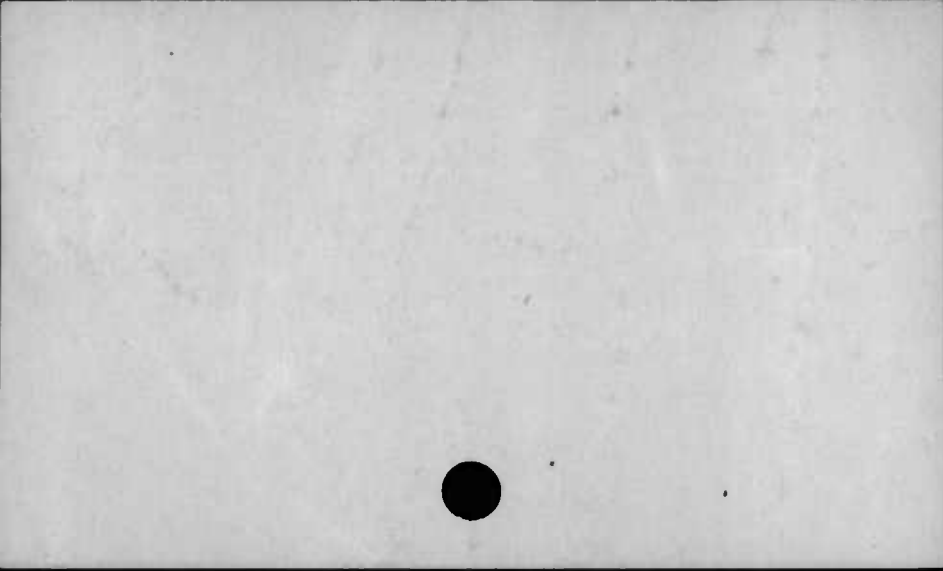
Reported by

Dr. J. B. Shinn

Address

Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph E. Blawie

Died at Chesapeake City Cecil MARYLAND

Date 19 <u>02</u>	Month <u>8</u>	Day <u>14</u>	Age <u>1</u> <u>16</u>	Native of <u>Ind</u>	Occupation <u>Infant</u>
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widow	Number of children living <u>1</u>	

Husband of X

Wife 105

Father's Name Howard D. Blawie Mother's Name Emma C. Prescott

Cause of	Primary <u>Cholera Infantum</u>	How long sick
Death	Immediate <u>Asphyxiation</u>	Accident, Suicide, Homicide

Reported by W. C. Karsner, M.D.

Address Chesapeake City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John A Bond

Town

County

Died at

Port Deposit

Cecil

MARYLAND

Date 189

2

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 8

Age

65-4-14

Farmer

Male

X

~~Female~~

Married

X

Widow

Divorced

~~Female~~

Colored X

Single

Widower

Number of children living

Husband

of

Wife

Laura L Bond

Father's

Amos Bond

Mother's

Name

Name

Elizabeth Bond

Cause of

Primary

Chronic Heart Disease

How long sick

Death

Immediate

Dropped dead very sudden

Accident, Suicide, Homicide

Reported by

Dr Samuel H Cox

Address

Port Deposit

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55065



Name in Full

Certificate of Death

Mary Bordich 5-dite

Town

County

MARYLAND

Died at

Elk Neck

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902 Aug 24

Age

35

German

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Michael Bordich

Wife

Father's

Name

Michael Bordich

Mother's

Name

Mary Bordich

Cause of

Primary

Accident

How long sick

3 days

Death

Immediate

Rupture Uterus

Accident, Suicide, Homicide

Reported by

George S. Pettibone M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968



Still Born & Dist

Died at ^{Town} Elk Neck ^{County} Cecil MARYLAND

Date 1907 Aug 21 Y. M. D. Native of Baltimore Occupation
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of 5.
 Wife

Father's Name Michael Bordich Mother's Name Mary Bordich

Cause of Death { Primary Accident to mother

Death { Immediate How long sick Accident, Suicide, Homicide

Reported by George S. Rittenhouse M

Address North East End

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Willard Lewis Bradbury

CERTIFICATE OF DEATH

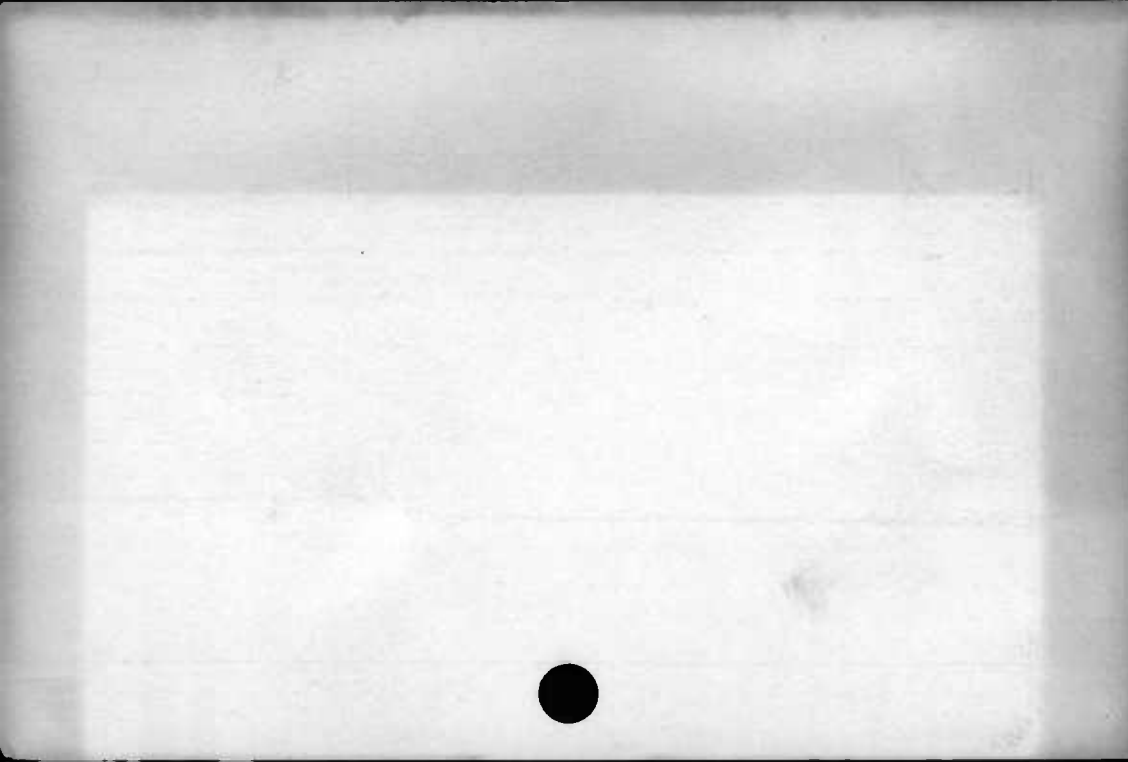
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Exton</u> Town		<u>Cecil</u> County		MARYLAND	
Date of death 190 <u>2</u> Month <u>Aug</u>	Day <u>2</u>	Age Years	Months <u>6</u>	Days <u>20</u>	
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Exton Penna.</u>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband		<u>105</u>			
Father's Name <u>Frank H Bradbury</u>		Father's Birthplace <u>Exton</u>			
Mother's Maiden Name <u>Kamala M. Lewis</u>		Mother's Birthplace <u>W Chester</u>			
Name of person giving information <u>Frank H Bradbury</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-enteritis - Colitis	How long	<u>10 weeks</u>
Immediate	<u>Gastro-enteritis</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. W. Cooper</u>	
		Address <u>Exton, Mo.</u>	
Accident or Suicide?			



Sarah A Brown widow of *Levin Brown*
 Town County

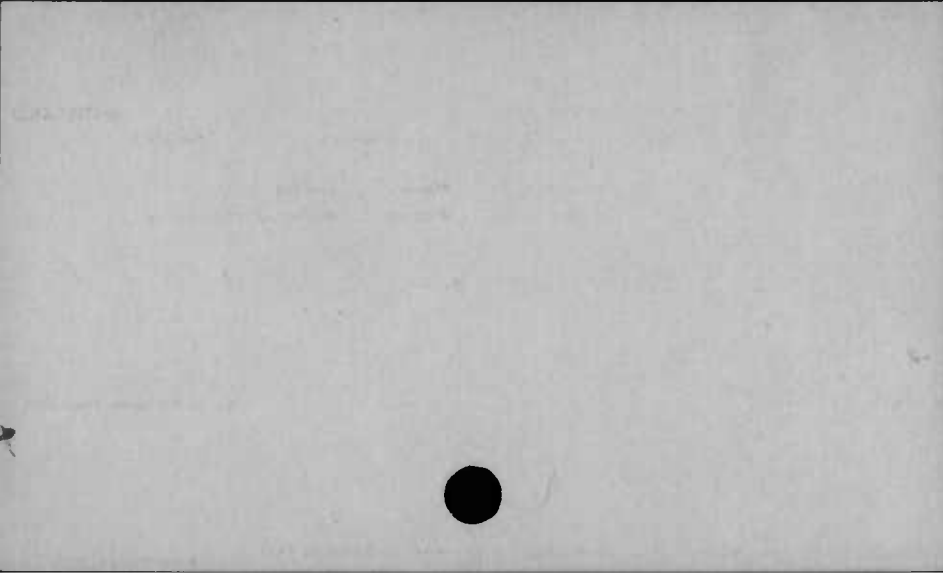
Died at *Sum Point* *Coal* MARYLAND

1902
 Date 189 Month Day Y. M. D. Native of Occupation
1902 *Aug 26* *77* *7* *31* *Coal Md*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *5*

Husband of
 Wife
 Father's Name Mother's Name
154

Cause of Death { Primary *Senile decay* Immediate *debility*
 How long sick *3 years*
 Accident, Suicide, Homicide

Reported by *J. T. Wallace M.D.*
 Address *Chesapeake City Md*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant of Levis And Lera. Brown
 Town Fair-Hill County Cecil (47 Pic) MARYLAND
 Died at
 Date 1902 Month 8 Day 3 Age 2
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

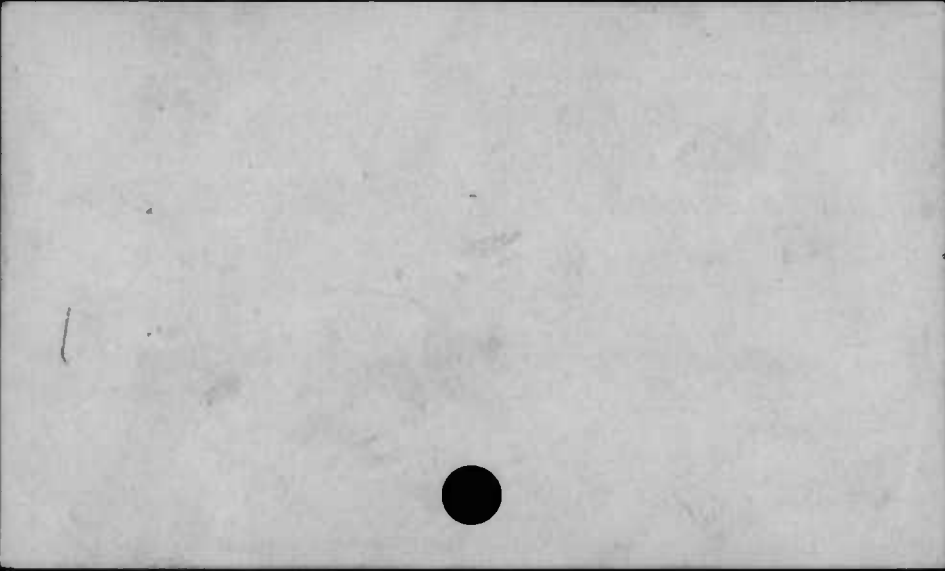
Father's Name Levis Brown Mother's Name Lera. Holand.
 Maiden Name

Cause of Death { Primary Unknown
 Immediate
 How long sick 151
 Accident, Suicide, Homicide

Reported by David Mackay M.D.

Address Louisville, Ky.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Hilda Loris (Infant)

Rock Run Town Port Deposit County Cecil 6

Died at

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	Aug	8				Port Deposit	
Male	White	Married				Widow	
Female	Colored	Single				Widower	Number of children living 105

Husband of

Wife

Father's Name Lewis Loris

Mother's Maiden Name Susan Jane Loris -

Cause of

Primary

diarrhoea in Infancy

How long sick

about 10 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

R. E. Bromwell M.D.

Address

Port Deposit

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rachel E. Drumsary

TownOakwoodCounty Cecil 8th Dist

Died at

MARYLAND

1902

Month8Day18

Y.-M.-D.-

Age38

Native ofCecil Co.

OccupationTree maker

Male

White

Married

Widow

Divorced

Female

Single

Widower

Number of children living

Wife ofRobert J. Drumsary.

Father's NameJohn LennonMother's Name27. Smith.

Cause ofDeathPrimaryImmediate

Tuberculosis

Exhaustion

How long sick

One year.

Reported byJ. B. Sherr

AddressPerry Lane Dist.

Oakwood Cem

215X

Name in Full

3rd Dist Certificate of Death

Thomas Fryer

Died at Town Cherry Hill County Cecil

MARYLAND

Date 1802 Month Aug Day 1 Age 73 Y. M. D. Native of Pa Occupation Wheelwright
 Male White Married ~~Widow~~ ~~Divorced~~ Number of children living 3

Husband of Margaret Grant
 Wife of David Fryer Mother's Name Sarah Fryer
 Father's Name

Cause of Death { Primary Complication of dizziness Exhaustion
 Immediate How long sick 7 months
 Accident, Suicide, Homicide

Reported by Jas. S. Whitaker
 Address Cherry Hill Md 79

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

4-5



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

2 Aug 1890

Age

28-9-18

Port Deposit

Laborer

Male ☒~~Female~~Married ☒

Widow

Divorced

~~Colored~~Colored ☒Single ☒

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

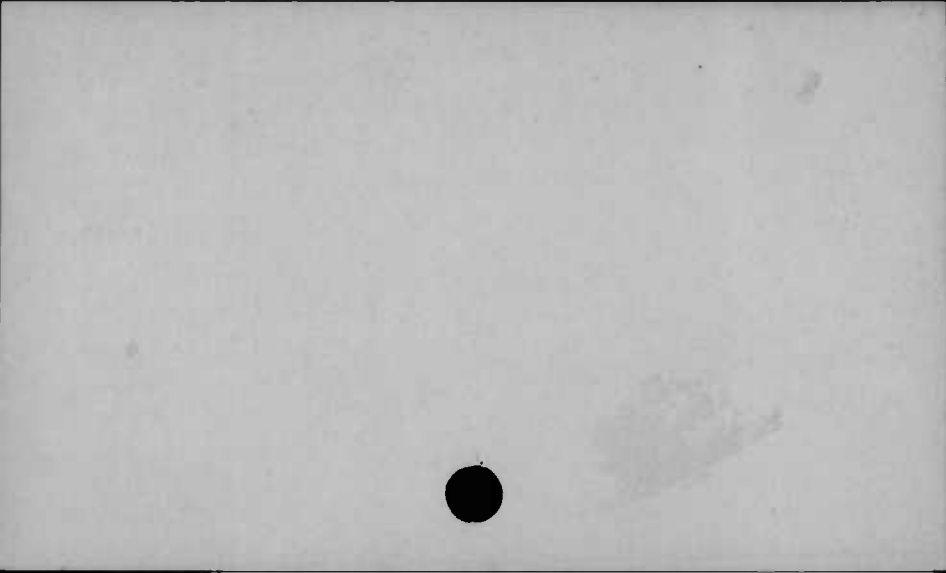
How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name in Full

Certificate of Death

Name *No Name, Deaf*
 Died at *Rising Sun Cecil* 6th Dist
 Town County MARYLAND

Date 19*02* Month *8* Day *11* Y. M. D. Age *6* Native of *Ind* Occupation *—*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *—*

Husband of *—*
Wife *—*

Father's Name *John Harris* Mother's Maiden Name *Phoebe Riale*

Cause of Death { Primary *Lorilellus* Immediate *Brain Exhaustion* How long sick *40 hours*
Accident, Suicide, Homicide

Reported by *Geo. Dore*

Address *Rising Sun Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Laura V. Messer

Town

County

MARYLAND

Died at

Cecilton

Cecil

Date 1892

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1892

Aug 1st

Age

73

Cecil

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Two

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Apoplexy

How long sick

48 Hours

Accident, Suicide, Homicide

OVER

Reported by

Address

Art Cranford

Cecilton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76073

Attended by Dr. _____

J.
J.

Seen by Coroner _____
of _____

Information contained in this certificate r
ceived from _____

of _____

Name in Full

Certificate of Death

Arthur H Hevereen

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 8

Age

1

Md

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Congestion of brain

How long sick

28 hours

Death

Immediate

Accident, Suicide, Homicide

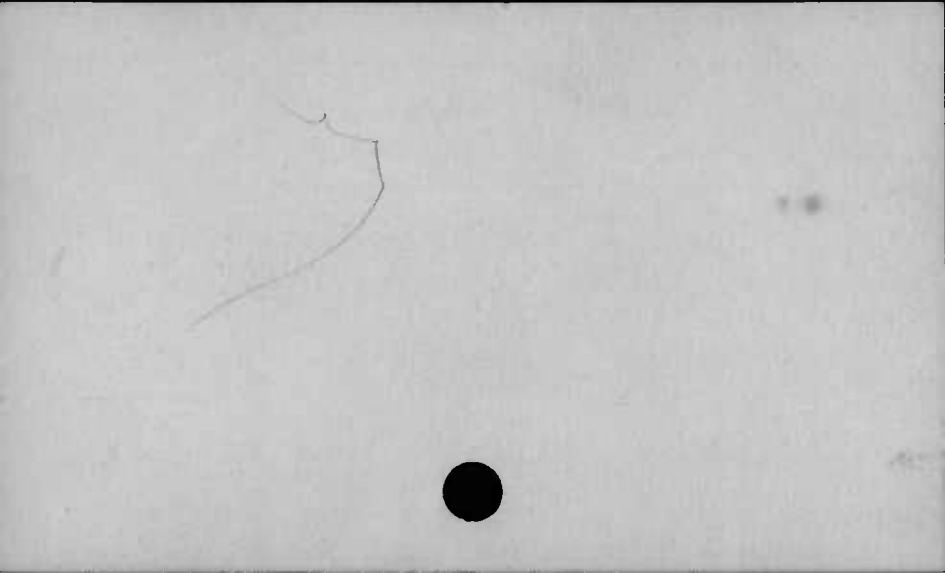
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Florence Hughes*
 Town *Rayots Corner* County *Cecil*
 Died at *Rayots Corner* Month *Aug* Day *22* Y. *10* M. *10* D. *10*
 Date 19 *02* Age *10* Native of *MD* Occupation
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living
 Husband of
 Wife
 Father's Name *Joseph Hughes* Mother's Maiden Name *Emma - (dead)*
 Cause of Death { Primary *Mother died of Consumption since Birth* How long sick
 Immediate *just after its birth* Accident, Suicide, Homicide
 Reported by *Did not have any medical attendant*
 Address *Dr J V Wallace Chesapeake City Md*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

George A. Jones

County

M. D.

Native of

Occupation

MARYLAND

Month

Day

Age

Y.

M.

D.

Md.

Painter

Male

White

Single

Widow

Divorced

Number of children living

Husband of

Wife of

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

Acute Pulmonary Tuberculosis
Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mary E. Laree
 Town _____ County _____

Died at *Port Deposit* *Cecil* MARYLAND

Date	19	0	2	Month	Day	Age	Y.	M.	D.	Native of	Occupation								
				<i>Aug</i>	<i>5</i>	<i>46</i>				<i>about Maryland</i>	<i>house work</i>								
Male				White				Married				Widow				Divorced			
Female				Colored				Single				Widower				Number of children living			

Husband of *George Laree* *Native Maryland*
 Wife *George Laree* *Native Maryland*
 Father's Name *Henry Laree* Mother's Name *Ann*
 Maiden Name *Ann*

Cause of Death { Primary *Acute Bright's disease* *about 6 months*
 Immediate *Dropsy*
 How long sick _____
 Accident, Suicide, Homicide _____

Reported by *Dr. Linnell & Cox*
 Address *Port Deposit* *Cecil*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

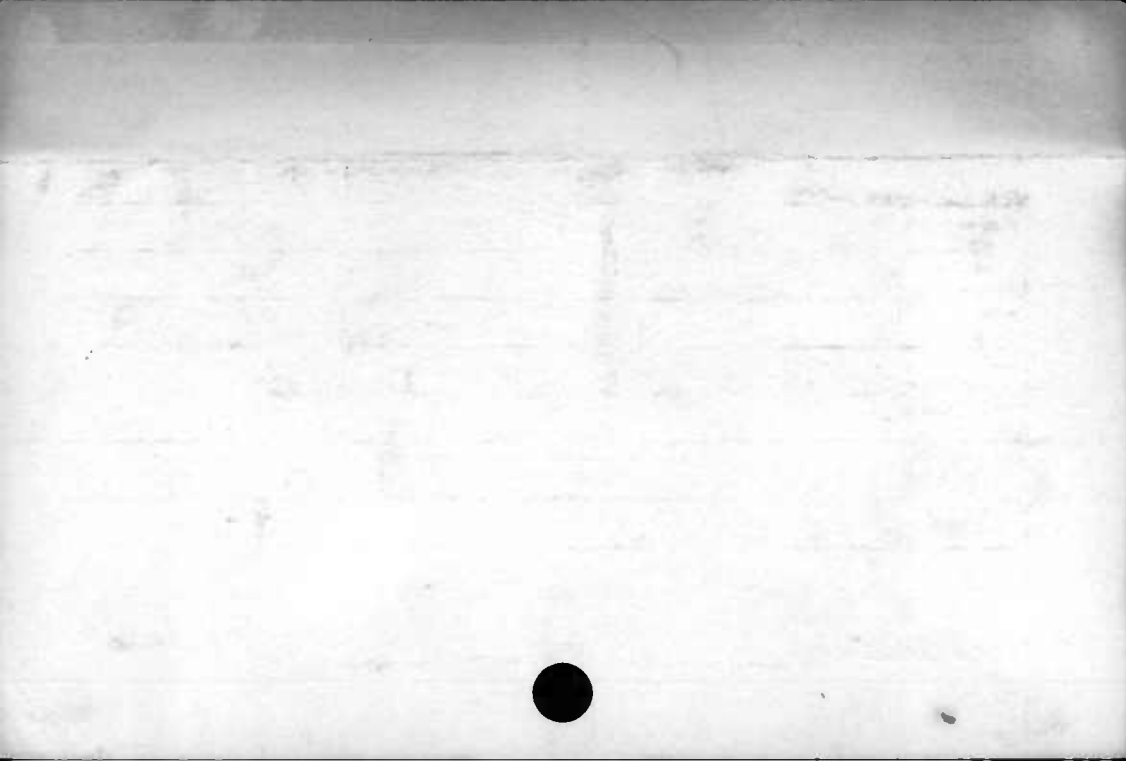
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	2	Month	Aug	Day	23	Age	85
Sex	Female	Color or Race	White	Birth-place	Cecil Co		
Married, Single or Widowed	Married			Occupation	Housewife		
Name of Wife or Husband		George Lewis					
Father's Name		Thomas Taylor				Father's Birthplace	
Mother's Maiden Name		E. Wylie				Mother's Birthplace	
Name of person giving information		Dr. Abraham				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility		How long	2 months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		North East		



Name in Full

Certificate of Death

Mary Linton

Town

County

Principio

Cecil

MARYLAND

Died at

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

8

3

Age

49

5

Cecil Co

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Consumption

How long sick

12 months

Death

Immediate

Heart fails re. pneumonia

Accident, Suicide, Homicide

Reported by

H C Brown M.D.

Address

Principio Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968



Name
in
Full

Lipman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Elkton</i>		County <i>Becil</i>		MARYLAND	
Date of death 190	7	Month <i>Aug</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Elkton</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Michael Lipman</i>				Father's Birthplace <i>Phila Pa</i>			
Mother's Maiden Name <i>Theresa Hoffman</i>				Mother's Birthplace <i>Phila Pa</i>			
Name of person giving In formation <i>Theresa Lipman</i>				How related to deceased <i>Grand- Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stice born</i>	How long
Immediate	<i>Protrusion of Cord; Uraemia, Mother</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Howard Brulman</i>
		Address <i>Elkton Md</i>
Accident or <u>Suicide</u> ?		



Name
in
Full

Dunbar Morgans

CERTIFICATE OF DEATH

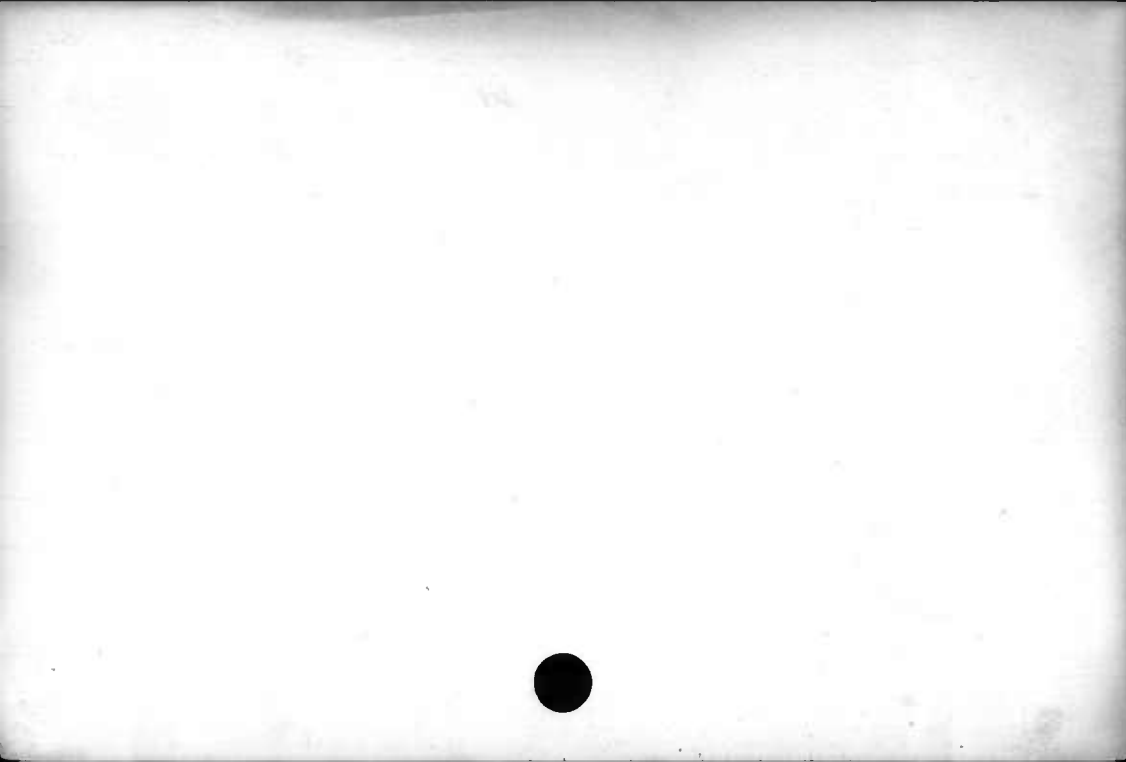
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elletts</u> Town		<u>Cecil</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Aug</u>	Day <u>1</u>	Years <u>72</u>	Months	Days
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Elletts Md.</u>	
Married, Single or Widowed		Occupation <u>Blacksmith</u>			
Name of Wife or Husband <u>Alice Morgan</u>					
Father's Name <u>Thos. Morgan</u>				Father's Birthplace	
Mother's Maiden Name <u>Elizabeth Kershore</u>				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Carcinoma (?) of Stomach</u>	How long <u>6 mo +</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. Arthur Mitchell</u>
<u>Yes</u>	Address <u>✓ Elletts Md.</u>
Accident or Suicide? <u>—</u>	



Name in Full

Certificate of Death

Hestley Hickles

Died at

Colora

Town

County

Cecil

6th Dist

MARYLAND

Date 1902

Month

5.

Day

18

Age

Y.

M.

D.

78

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

2

Husband
of

Wife

Father's

Name

Hanna Hickles

not known

Mother's

not known

Maiden Name

Cause of

Primary

organic heart disease

How long sick

1 year

Death

Immediate

Accident, Suicide, Homicide

Reported by

R N Crothers

Address

Colora Ma

R N Crothers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Grace Marie Rea

Town

County

Died at

Pilot-

Cecil

8th Dist

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 27

Age

7. 27

U.S.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Singl~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

John E. Rea

Eliz. Mary Oakley

Cause of

Primary

Tuberculosis

How long sick

always delicate
one week

Death

Immediate

Acute Diarrhoea 27

~~Accident, Suicide, Homicide~~

Reported by

Geo W Gillespie M.D.

Address

Pleasant Grove Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Elizabeth B Reese

CERTIFICATE OF DEATH

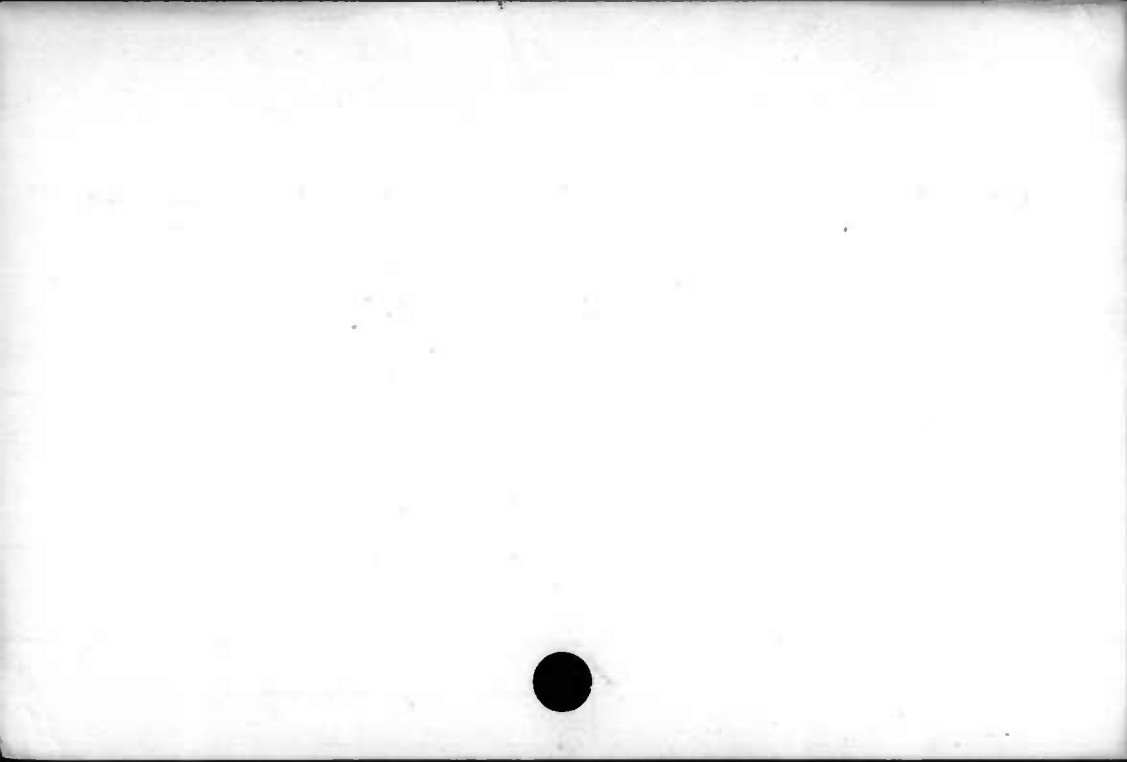
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elkton		County Cecil		MARYLAND	
Date of death 1902		Month Aug	Day 24	Age 67	Years	Months	Days
Sex Female		Color or Race White		Birth- place Cecil Co			
Married, Single or Widowed		widowed		Occupation			
Name of Wife or Husband		Richard B Reese					
Father's Name		James M. Canby				Father's Birthplace 41	
Mother's Maiden Name		Mary Beard				Mother's Birthplace	
Name of person giving In formation		J M Reese				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of rectum		How long Several years
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Arthur Mitchell M.D.
		Address	Elkton Md.
Accident or Suicide?			



Name
in
Full

Boulah E Riley

3 dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bark</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>aug</u>	Day <u>16</u>	Age <u>16</u>	Years <u>7</u>	Months <u>7</u>
Sex <u>Girl</u>	Color or Race <u>white</u>		Birth-place <u>Starks del Grece</u>		
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed			Occupation _____		
Name of Wife or Husband _____					
Father's Name <u>Frank Riley</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Hettie Simson</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>A. Fred Kershaw</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Insanition</u>	How long	<u>5 mos</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. W. Cooper, Jr., M.D.</u>	
		Address <u>Elkton, MD</u>	
Accident or Suicide? <u>—</u>			

7-8

Name In Full

Certificate of Death

Elizabeth Puley

Town

County

Died at

Near Cecilton

Cecil

MARYLAND

Date 1904

Month

Day

Y.

M.

D.

Native of

Occupation

8

20

Age

1

1

Ind

~~Male~~

White

Married

Widow

Divorced

~~Female~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

one month

Death

Immediate

Neposmus 105

Accident, Suicide, Homicide

Reported by

R M Black

Address

Cecilton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lavinia Scott
 Died at ^{Town} Cecil Paper Mills ^{County} Cecil ^{5th Dist} MARYLAND
 Date 1902 ^{Month} 8 ^{Day} 16 ^{Y.} Age 73 ^{M.} - ^{D.} - ^{Native of} Md ^{Occupation} House Wife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 2

Husband of Geo Scott
 Wife
 Father's Name Mother's Name Hannah Scott
 Maiden Name

Cause of Death { Primary Heart Disease
 Immediate 79
 How long sick 2 hours
 Accident, Suicide, Homicide

Reported by Geo B. Dyer
 Address Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Benny C Smith, Colored

Died at ^{Town} Powlerville

County Cecil

8th Dist

MARYLAND

Died at Powlerville

Month Day

Y. M. D.

Native of

Occupation

Date 1902 Aug 13

Age 72 - -

U S

Salmon

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of May C Smith

Wife

Father's

Name

Benny Smith

Mother's

Maiden Name

Not Known

Cause of

Primary

Mitral Regurgitation Heart 2 years

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

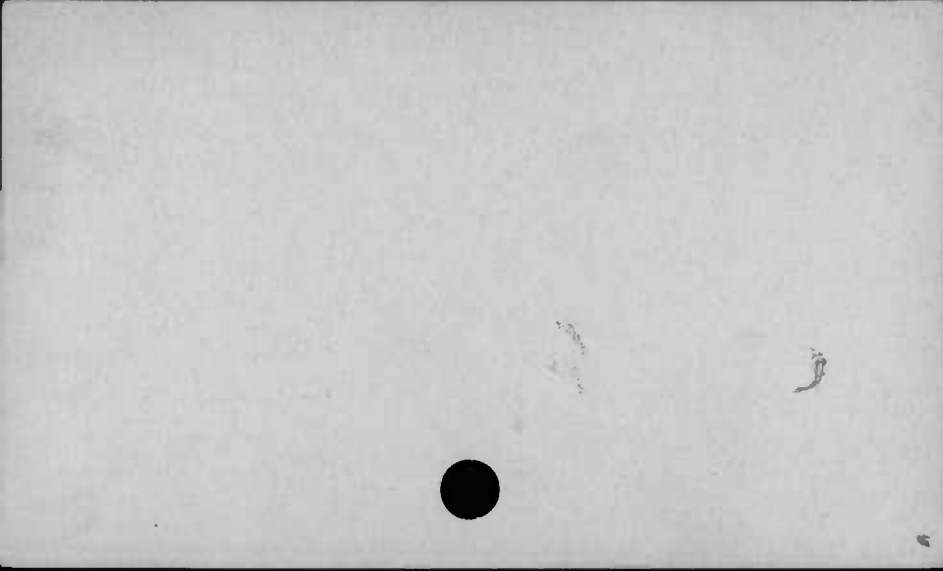
Address

Cecil Powlerville
Liberty Groves, Md.

79

✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

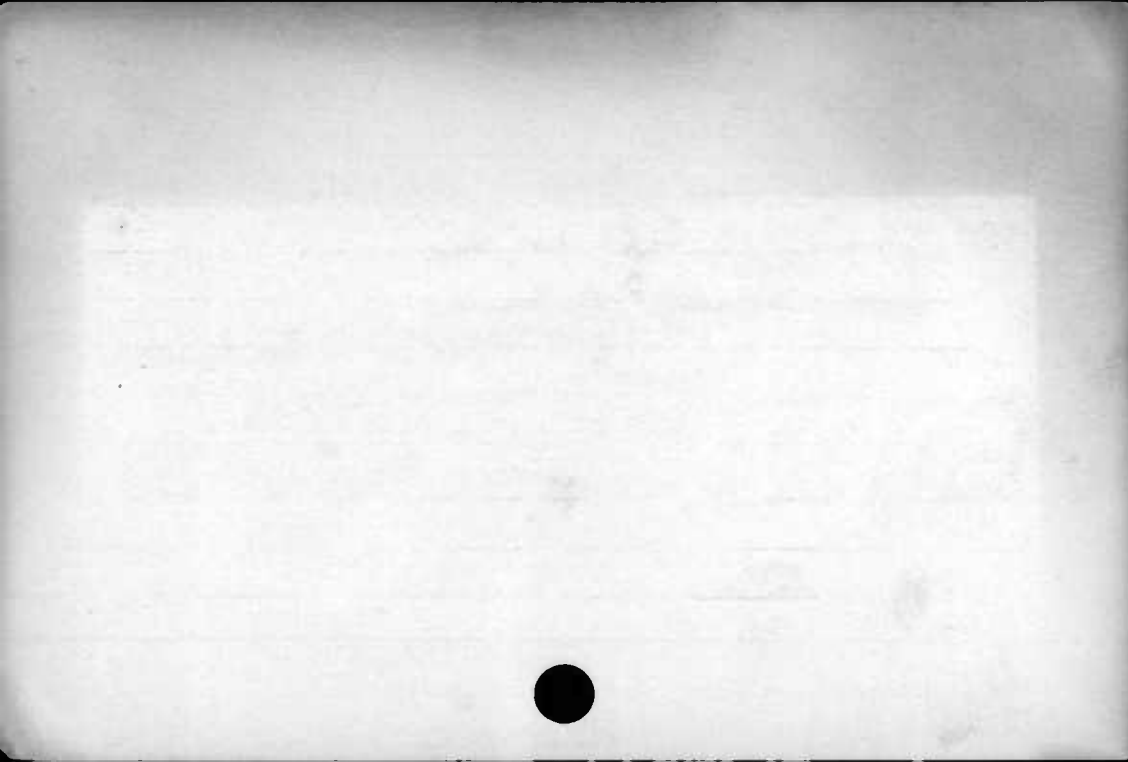
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> Town		<u> Cecil </u> County		MARYLAND	
Date of death 190 <u>2</u> Month <u>Aug</u>	Day <u>19</u>	Age <u>72</u>	Years	Months	Days <u>10</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Elkton Md</u>			
Married, Single or Widowed <u>-</u>		Occupation			
Name of Wife or Husband <u>72</u>					
Father's Name <u>Edgar Spence</u>			Father's Birthplace		
Mother's Maiden Name <u>Carrie Whitley</u>			Mother's Birthplace		
Name of person giving information <u>Mrs Jodie Spence</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Don't know</u>	How long
Immediate	<u>Titanic</u>	How long <u>2 1/2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Innov. Cooper</u>
		Address <u>Elkton Md</u>
Accident or Suicide?		



Name in Full

Certificate of Death

Alfred M Standley

Town

County

Died at Chesapeake City Cecil

MARYLAND

Date 1902	Month 8	Day 5	Age - 6 - 7	Native of	Occupation
Male	White	Single	Widow	Divorced	Infant
Female	Colored	Single	Widower	Number of children living	

Husband of

Wife

Father's Name Tho S Standley

105
Mother's Name May a Wharton

Cause of Primary

How long sick

5 days

Death Immediate Cholera Infantum

Accident, Suicide, Homicide

Reported by W B Kuesner M D

Address Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Colman
Kutler

Name in Full

Certificate of Death

Julia Stokes

6th Dist.

MARYLAND

Died at

Rindwell

County

Leese Co

Town

Date 19

02

Month

Day

Aug 26

Age

46

Y.

M.

D.

Native of

Occupation

Housekeeper

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widow

Number of children living

4

Husband

of

Wife

Eus Stokes

Father's

Name

George Warbyen

Mother's

Maiden Name

Catharine Warbyen

Cause of

Primary

A worthy disease

How long sick

1 year

Death

Immediate

Accident, Suicide, Homicide

Reported by

S B Zerk Undertaker

Address

Colma na

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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had no Physician
since Cart-fall -

(This warty disease was
the result of the change of
life, so the undertaker says.

This is all the information
I can get. Will record it
as Cause "unknown" 1413)

Mary E Waters

Town

County

Warwick

Cecil

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 16

Age

3

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Lilbert Waters

Mother's

Maiden Name

Mary Rhodes

Cause of

Primary

Cholera Infantum

How long sick

10 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

J. J. Wright MD
Warwick Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

(4 sick; Certificate of Death

Mary E Willis

Died at ^{Town} Big Elk Chapel ^{County} Cecil MARYLAND

Date 1902 ^{Month} Aug ^{Day} 2 ^{Age} 72 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} House work

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Number of children living} 9

~~Female~~ ^{Colored} ^{Single} ~~Widower~~

~~Husband~~ of Jas H Willis

Wife

Father's Name Ruben Segars Mother's Maiden Name Margaret Bryant

Cause of ^{Primary} Bright disease ^{How long sick} 3 months

Death ^{Immediate} ¹²⁰ ^{Accident, Suicide, Homicide}

Reported by J. S. Whitaker

Address Cherry Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

85

Name in Full

Certificate of Death

Sarah R H Morrall

Town *North East* County *Cecil* MARYLAND

Died at *1902* Month *Aug* Day *28* Y. *53* M. *53* D. *53* Native of *Md.* Occupation *—*

Date *1902* *Aug 28* Age *53* *Md.*

☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☒ Widowed ☐ Widower Number of children living *none*

Husband of *Theo A. Morrall*

Wife of *Theo A. Morrall*

Father's Name *Richard L Thomas* Mother's Name *Ruth M Cracker*

Cause of Death ☒ Primary *Cancer* ☐ Immediate *45*

How long sick *one year*

☒ Accident, Suicide, Homicide

Reported by *Theo A Morrall M.D.*

Address *North East Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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